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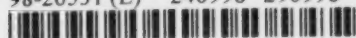
Agenda item 100

Social development, including questions relating to the world social situation and to youth, ageing, disabled persons and the family

Letter dated 4 September 1998 from the Permanent Representative of Cuba to the United Nations addressed to the Secretary-General

I have the honour to write to you to request that the document enclosed herewith, containing the Final Declaration of the Twenty-third Meeting of Ministers of Health of the Movement of Non-Aligned Countries, held in Havana on 25 and 26 June 1998, be circulated as a document of the General Assembly under agenda item 100.

(Signed) **Rafael Dausá Céspedes**
Ambassador
Chargé d'affaires a.i.



Annex

[Original: English, French and Spanish]

23rd Meeting of Ministers of Health of the Movement of Non-Aligned Countries

**International Conference Center
Havana, Cuba, 25-26 June 1998**

Final declaration

PREAMBLE

1. The Ministers of Health and Heads of Delegations of the Movement of Non-Aligned Countries, gathered in the City of Havana, Cuba, on June 25 and 26, 1998, for the purpose of bringing together a common vision on health-sector reforms, Health for All and Technical Cooperation among Developing Countries, adopted in that context as the central theme "HEALTH-SECTOR REFORM AT THE THRESHOLD OF THE 21st CENTURY, WITH EMPHASIS ON STRATEGIES OF HEALTH FOR ALL".
2. The participants in this 23rd meeting of Ministers of Health of the Non-Aligned Countries took into account what was expressed by the Heads of State or Government in the 11th Summit held in Cartagena de Indias, Colombia, in particular, that, in order to achieve social development, realize aspirations and accomplish the well-being of peoples, it is a central responsibility of governments and of all sections of society to put into practice the goals relating to the eradication of poverty and to food, health, education, employment, housing and social integration.
3. The Ministers and Heads of Delegations took note with satisfaction of the Cairo Declaration of African Ministers of Health and, while expressing their appreciation, decided to attach its Summary to the present Final Declaration.
4. The Ministers and Heads of Delegations considered a wide range of aspects concerned with health, including the revision of the goal "Health for All" and they reaffirmed the importance of maintaining primary health care as the principal strategy for achieving equity and quality in health. They thus ratified the right of the member States to freedom of choice and they endorsed Technical Cooperation among Developing Countries with a concrete expression of solidarity that may contribute to the search for national solutions.

5. The Ministers and Heads of Delegations reaffirmed the principles of Non-Alignment, in particular the principles of sovereignty, independence, self-determination, territorial integrity and non-interference in the internal affairs of States.
6. The Ministers and Heads of Delegations were also united in indicating that the following are critical aspects that are important in the international health field and which require greater consideration and discussion:
 - (a) The impact of globalization on health, with special reference to:
 - Policies with respect to pharmaceutical products and access of developing countries to essential medicines and vaccines;
 - The current discussion on the liberalization of trade in health services;
 - The opportunities and challenges of globalization.
 - (b) The development of national capacity to mobilize and use external funds effectively.
 - (c) The relationship between poverty and health and the role of the health sector in reducing poverty.
7. The Ministers and Heads of Delegations likewise examined the main results of years of experiences lived and built up in different countries and situations and, based on these different analyses, they agreed to formulate the present declaration.

GLOBALIZATION: A FEATURE OF THE CURRENT CONTEXT

8. The Ministers and Heads of Delegations emphasized that the current political and economic context is marked by globalization and the liberalization of trade, including health services, the technologies and material input needed for those services, the increase of communications and the harmful effects of neoliberalism and its privatizing tendencies in the organization and provision of health services.
9. The existing conditions have had the effect that, alongside greater participation and social organization, what prevails is a lack of equity in the distribution of incomes and services, quickening urbanization and the existence of an epidemiological mosaic where emerging and re-emerging infectious diseases coexist, as well as noncommunicable chronic diseases and demographic changes. To this is added, in politics, decentralization processes and crises of governability.

10. The Ministers and Heads of Delegations indicated that, faced with the phenomenon of globalization, the developing countries, especially the poorest, are more vulnerable to its harmful effects and this facilitates the existence of a greater lack of equity in health and in health care in an important number of countries in the Non-Aligned Movement. The implications of these phenomena also tend to increase the gap between developed and developing countries.

HEALTH-SECTOR REFORM PROCESSES

11. The circumstances noted have become a true challenge that makes necessary the introduction of substantial changes in the health sector, in order to achieve or improve equity in the Movement's member countries, which has not been possible to achieve with traditional health systems.
12. The correction of the lack of equity and the gaps existing in health terms in a substantial proportion of the member countries fully justify health-sector reform and constitute the main motivation for it. This, however, cannot be based solely on the privatization of services nor on the decrease of the role of the State, which has the responsibility of guaranteeing the citizen's right to health.
13. The search for equity in access to health care must constitute a social value and the fundamental objective of those processes of health-service reform. These services must be understood and used, in all their potential, as opportunities to establish equitable conditions of health and health care, for the individuals and population groups that make up society.
14. The Ministers and Heads of Delegations emphasized that the State has fundamental and indelegable responsibilities with regard to the organization and provision of health services, the fulfillment of which depends, to a great extent, on achieving equity. Without underestimating that role of the State in the processes of health-sector reform, in order to make society's commitment to health stronger, the participation of non-governmental agents must be achieved, including those from a duly regulated private sector, with community participation and inter-sectorial partnership.
15. The Ministers and Heads of Delegations emphasized that health-sector reform must be considered as a process of wide ranging structural changes in political, technical, administrative and financial affairs, aimed at achieving total coverage of health services for the whole population, with special emphasis on the most vulnerable groups and directed at the optimum use of available resources.

HEALTH, POVERTY AND DEVELOPMENT

16. The Ministers and Heads of Delegations noted that the relation between structural inequity and increased poverty and marginalization is more obvious every day in many of the Movement's member countries and the relation between poverty and health is also clearer. They stressed that it is a matter of priority to consider health as an indispensable resource for development and its sustainability.
17. In that context, the actions that the member countries must carry out in order to correct those situations must be oriented toward the achievement of two fundamental political objectives:
 - (i) To make health a central element of human development, and
 - (ii) To organize and develop sustainable systems of health that respond to the needs of the population, especially the most vulnerable groups.
18. The first objective means that good health and well-being are, at the same time, a fundamental aim of development and also an essential condition for carrying it out. This implies fighting poverty, poverty being understood as the main cause of poor health; developing health in all fields; adapting sectorial health policies; achieving the adoption of public-health policies; and ensuring that health takes a priority position on the political agenda and in sustainable development planning.
19. The second objective must ensure equitable access to essential health functions, such as:
 - (i) Facilitating quality health care throughout a person's life;
 - (ii) Preventing and controlling diseases and protecting health;
 - (iii) Developing legislation that will regulate and serve as support for health systems;
 - (iv) Developing systems of health information;
 - (v) Developing active health monitoring;
 - (vi) Developing the utilization of advances in science and new technologies related to health;
 - (vii) Ensuring sustainable access to safe and affordable medicines;
 - (viii) Training the human resources necessary for health and maintaining their development;
 - (ix) Preserving the quality of the environment with regard to individual and collective health.
20. In order to fulfill these objectives, the Ministers and Heads of Delegations underscored the need for ensuring sufficient and sustainable financing and to find ways of reducing the imbalance in global health expenditures which would be mutually beneficial to poor and rich countries since diseases can now be transmitted rapidly from one country to another.

HEALTH FOR ALL IN THE 21st CENTURY

21. The Ministers and Heads of Delegations expressed their profound concern that an important group of the Non-Aligned Movement's member countries would reach the year 2000 poorer, more indebted and with a greater lack of equity in all services and without having been able to achieve the goals of Health for All that were promoted and proclaimed in Alma-Ata in 1978. Faced with this reality, it is necessary to develop a process of renewing the goals of Health for All and to define strategic lines of action in order to bring it about that the results that must be achieved at the beginning of the 21st century allow the creation of the conditions needed so that all people living in non-aligned and other developing countries can achieve and maintain, throughout a person's life, the maximum degree of health achievable.
22. The possible solutions to these situations will require both the political will of governments and a more dynamic political leadership in the health sector. The mobilization countries' own resources and international participation in favor of health, through renewed and greater cooperation, will also be necessary.
23. In order to achieve visible progress and to go from policies to action, it will also be necessary to have the participation and support of non-governmental bodies, public organizations and all sectors of the population, with a clear sense of the objectives and priorities whose achievement is sought and with adequate resources for this. To these ends, it is necessary to achieve committed action at all levels, nationally, regionally and internationally.
24. The Ministers and Heads of Delegations emphasized that the achievement of good health at the global level implies responsibility and concerted action, also at the global level. In this regard, they reiterated the necessity for and the importance of financial and technical assistance in the achievement of these endeavors. To this end they invited countries with high incomes and multilateral organizations, including those related to credit, to increase their cooperation with the Non-Aligned countries. This cooperation, within the framework of full respect for national and institutional objectives, would support the development of health systems, within the options that each Non-Aligned country chooses in order to confront and solve its own problems. A health system with social sensitivity must take into account the economic, sociocultural, including gender-related, and spiritual needs and values of the individuals and social groups that make up the national community. In this context, traditional medicine and its use along with modern medicine should be encouraged.
25. Taking into account the call made to the Ministers of Health of the Non-Aligned countries in the communiqué of the ministerial meeting of the Non-Aligned Movement coordination bureau (May 18 to 20, 1998) and the concern expressed in that communiqué, due to the lack of guarantees in accessibility to essential medicines in developing countries and due to the risk arising from the trade in poor-quality pharmaceutical raw materials and finished products, the Ministers and Heads of Delegations expressed their support for national and international strategies that seek to ensure access to safe and affordable medicines.

26. Taking into account that, in the communiqué referred to in the previous paragraph, a request is made that the Non-Aligned countries' Ministers of Health share experiences and examine in greater depth these critical aspects and suggest remedial actions, the Ministers and Heads of Delegations make known the concerns expressed in that communiqué with respect to new international agreements and other factors that may have repercussions on the local capacity to manufacture pharmaceutical products, on the prices of those products and on the equitable access to these in developing countries. They underlined the need for the international community to adequately deal with this issue.

TECHNICAL COOPERATION AMONG NON-ALIGNED COUNTRIES

27. The Ministers and Heads of Delegations recalled that Technical Cooperation among Developing Countries (TCDC) arose in 1978 in Buenos Aires under a plan of action directed at promoting and carrying out cooperation based on guidelines suggested by the General Assembly of the United Nations. Although, in the 20 years since then, the validity and soundness of the aspects on which this strategy is based have been confirmed, its potential has not been adequately utilized.
28. Solidarity, sovereignty, dignity, equity, the building of national capacities and expertise in health and sustainability are root principles of TCDC, which preserve their full validity today. Putting these principles into practice in order to make TCDC effective will require the implementation of diverse forms and patterns of cooperation, above all with respect to reciprocity between participating States, interchange and cooperativeness with shared use and the selfless contribution of those with resources and possibilities for this, especially but not exclusively from developing countries.
29. The Ministers and Heads of Delegations promised to work to make TCDC a State policy. This would facilitate cooperation even more in the Movement of Non-Aligned Countries, at the same time as contributing to lessening the gap between countries, alleviating the lack of equity and making more rational use of the scarce technical resources available. As a strategy, it is essential not only to develop South-South cooperation but what is also required is to facilitate North-South cooperation based on the same principles of sovereignty, dignity and equity and centered on the achievement of relations that are fairer and of mutual benefit.
30. The Ministers and Heads of Delegations emphasized that achieving the aforementioned aims requires strengthening and developing even more the initiatives now in operation, such as "The Network of Institutions for Health-Sector Reform" and creating new mechanisms that will contribute to strengthening the human, financial, technological and material resources that the Non-Aligned countries have, with the objective of promoting Technical Cooperation among Developing Countries even more, for mutual benefit.

31. Likewise, the Ministers and Heads of Delegations requested the organizations of the United Nations system and others related to the health sphere to continue paying special attention to cooperation projects presented by developing countries, as well as to the need to improve the dissemination of existing mechanisms, procedures and capabilities in order to facilitate this cooperation.
32. The Ministers and Heads of Delegations emphasized the importance of attaining peace and harmony between nations in order to achieve comprehensive health processes that would benefit the population as a whole. In that sense, they expressed their rejection of any action aimed at depriving entire populations of the possibilities of health and nourishment or that lead to national and international tensions being exacerbated and they rejected the threat or the use of force and the violation of the sovereignty or territorial integrity of any State.
33. The Ministers and Heads of Delegations expressed particular concern for the health of peoples living under exceptional conditions, especially foreign occupation, including the occupied Arab territories, with special reference to the Palestinian people.
34. The Ministers and Heads of Delegations also rejected all unilateral coercive measures and other measures of a similar nature against non-aligned and other developing countries, such as blockades, certifications, restrictions, discriminations and any other conditionality that tends to hinder the development of the health sector and the use of its services in the most rational and efficient way and directed at the most vulnerable groups in the population.
35. The Ministers and Heads of Delegations stressed that it is necessary to take measures to resolve the contradiction between needs and opportunities and, at the same time, it is also essential to promote cooperation in this sphere between the Non-Aligned Movement member countries themselves, as well as in the search for resources from developed countries and international organizations in order to facilitate South-South cooperation, known as the triangulation of resources. Within that framework, they reaffirmed that working together is a necessity that cannot be postponed, since the problems that affect the member countries are common and require and can benefit from combined solutions.

STRATEGIES AND LINES OF ACTION

36. In the light of the urgent need to introduce changes and to produce specific actions in the health sector in order to improve equity, the Ministers and Heads of Delegations reiterated that the member countries of the Non-Aligned Movement make up a group of nations with the duty, the right and the ability to generate their own guidelines and processes for development, in terms of the values of self-determination, equity and social justice that gave rise to and have vitalized the proceedings of our Movement throughout more than three decades of fruitful implementation.

37. In that context, they agreed to emphasize strategic lines of action that could be adopted by the non-aligned and other developing countries, in order to achieve equity in health and in health care. These lines of action, to be carried out at both the national and international levels, could include:
38. In the national domain:
- (a) To develop national capacity, particularly of health-sector organizations, in order to interact in the obtaining and application of internal and external resources and in order to respond to the challenge of globalization, utilizing the opportunities that derive from those processes in order to strengthen the presence of health-sector organizations in the light of the reforms that could be implemented in the aforementioned sector, with the focus on equity.
 - (b) To incorporate effectively the development of health services and, accordingly, the processes of sectorial reform, in consistent policies of intersectoral social development in accordance with the corresponding socioeconomic conditions. The formulation and application of these policies demand the widest possible participation of eminent social players, including society as a whole and the organizations that represent it, whose presence is essential in these processes.
 - (c) To strengthen national programs for the elimination of some diseases, in particular leprosy, dracunculiasis, Chagas' disease and polio, that are of great importance for countries that are very close to fulfilling their goals in the next five years.
 - (d) To develop surveillance and information systems which lead to improve decision making for health management and in the identification, analysis and initiation of appropriate responses in the face of health issues and problems such as:
 - (i) Emerging and re-emerging diseases including HIV/AIDS, non-communicable diseases, tuberculosis, dengue and malaria.
 - (ii) Natural disasters and epidemics of such diseases as cerebro-spinal meningitis, yellow fever and cholera.
 - (iii) Family and reproductive health.
 - (e) To formulate and apply national strategies to achieve and safeguard access to essential medicines for their citizens.
 - (f) With the aforementioned aims, the governments must promote processes for the participation of the different social groups, processes that make clear the values and preferences of the population with relation to the care of their health and the assigning of corresponding resources. In these processes, the participation of women as well as that of indigenous groups and local communities deserve special efforts.

(g) To promote necessary and timely information and education for the population about health and their rights to care, in order to facilitate free choice and the expression of opinions by the users on aspects of the accessibility, opportunity and quality of care.

(h) To assign the necessary care and resources to the training, continuing education and performance of professional, technical and auxiliary health-service personnel. In processes of health-sector reform, special attention is required to identify and encourage new occupational profiles, which would allow the effective implementation of multiprofessional and interdisciplinary work.

(i) To design and introduce modifications in the training and preparation of different categories of personnel, including continuing education, emphasizing aspects of promotion and prevention through intersectorial action.

(j) To establish incentives in professional performance that would encourage motivation by aspects of quality, costs and impact of the services on individual and collective health. To link these processes to the national organizations for professional representation, of the different categories of health personnel.

39. In the international domain:

(a) To facilitate the tailoring of the strategies of Health for All and of Primary Health Care, with special reference to the obstacles for the achievement of the objectives of equity, solidarity and quality improvement in the health care of the peoples of the Non-Aligned Movement member countries and of other developing countries.

(b) To carry out a wider and more systematic diffusion of the central messages of the Non-Aligned Movement with regard to health and the processes of health-service reform and to act with solidarity and a group spirit in international organizations and forums, as a strategy to preserve and to develop the health of their populations. In this sense, to use the spaces and opportunities that arise in different meetings in order to analyze and debate the implications for the Non-Aligned countries of resolutions and other means of expression of collective policies in terms of health.

(c) To urge the international community to ensure that public health, rather than commercial interests, takes precedence in patents, policies on health and pharmaceutical products, and to examine options that would allow the populations in developing countries to be guaranteed access to essential medicines, including anti-HIV and other high-cost drugs.

(d) To promote firm leadership in the renewal of the strategy of Health for All and to develop the presence and active participation, in defense of the interests of the Non-Aligned countries, in the definition of the vision and role of the World Health Organization and its regional offices in the 21st century, through coordinated participation of the Non-Aligned Countries' representatives in all their governing bodies and other important meetings.

(e) To work in order that international organizations for technical and financial cooperation, in the fulfillment of their functions, have a true impact in the improvement of the health sector in the non-aligned and in other developing countries. In this sense, to develop the presence and interests of the non-aligned countries in defining the vision and the role of the World Health Organization and of its regional offices in the 21st century.

(f) To utilize the potential of South-South cooperation in actions to preserve and develop health, in the processes of health-sector reform and in the acquisition of cost-effective technology, in accordance with the needs identified by the countries themselves and with the support and commitment of those NAM countries with the capacity and resources to do so.

(g) To cooperate in joint-ventures in the field of health, including hospital building, operation and management.

(h) To facilitate agreements and commitments between developing countries and international agencies and developed countries in order to coordinate efforts and resources, through new forms of cooperation, in order to remedy situations that cause a lack of international equity in health and in order to respect and encourage the exercise of countries' autonomy in the selection of choices of organization and financing of their health services.

(i) To reaffirm the commitments of the non-aligned and other developing countries, in order to generate and share technical capacity and to exchange experiences in health-sector reforms, through projects and specific activities of technical cooperation between them and with the collaboration of multilateral organizations.

(j) To facilitate leadership and concerted participation by the Non-Aligned Movement within the framework of multilateral organizations (UN, WHO, development banks, IMF), through the governments of the member countries, in order to ensure the safeguarding of their interests in all decisions that may have a direct or indirect impact on health, such as, for example, the implications of the liberalization of markets and the implementation of international trade agreements (such as TRIPS) in access to essential medicines.

FOLLOW-UP MECHANISMS AND ACTIONS

40. To ensure implementation of this Declaration in accordance with Resolution WHA 51.16, the Ministers and Heads of Delegations agree in establishing the following mechanisms:

(a) To entrust the Consulting group on NAM-Health, integrated by representatives of past, current and future Presidencies of NAM, to create a link between NAM and International Organizations, including WHO, in consultation with other members of the Movement. This group will report to NAM Ministers of Health meetings.

(b) To take advantage of regular NAM Ministers of Health meetings, to define common platforms reflecting NAM interests, and to express views on the agendas of Governing Body meetings of WHO (Executive Board and World Health Assembly) and other international organizations.

(c) To take the necessary steps to ensure appropriate performance of this follow-up mechanisms and actions.

41. As a record of the above, the Ministers and Heads of Delegations participating in the 23rd Meeting of Ministers of Health of the member countries of the Non-Aligned Movement endorse the present declaration, in the City of Havana, Republic of Cuba, on the twenty-sixth day of June 1998.

Appendix

THE CAIRO DECLARATION OF AFRICAN MINISTERS OF HEALTH

SUMMARY

The African Ministers of Health, meeting in Cairo from 13 to 15 June 1998, hereby declare their commitment to the principles of improving the quality of health of African citizens, ensuring equitable access to health care and the promotion of cooperation and collaboration between African countries in the area of health.

They stress the importance of poverty reduction and the fight illiteracy to the acquisition of good health. They agreed that free exchange and dissemination of information between African countries should be fostered and have decided to cooperate in the fields of infectious disease control, notably malaria and AIDS, training, research, and human resource development.

They acknowledge the necessity for cooperation in the field of manufacture, acquisition, distribution and quality control of pharmaceuticals and medical equipment.

Special importance was given to family planning activities as a part of reproductive health services in all African countries.

The Ministers discussed and recommended the establishment of a Pan-African Secretariat for health collaboration as a complement to existing regional initiatives. It has the objectives of identifying priorities and developing avenues of regional cooperation in the area of health.